

## CLAIMS

What is claimed:

1. A system for creating, monitoring, administering and adjudicating insurance contracts, comprising:
  - a front-end subsystem in communication with at least one of a client, an insurance vendor and an insurance partner;
  - a database subsystem accessing a plurality of stored databases; and
  - a back-end subsystem in communication with a plurality of subsystems to source information, monitor the creation, and administration of an insurance contract.
2. The system of Claim 1, wherein the front-end subsystem communicates via a network and is further operative with a set of executable instructions to collect contract information from and deliver contract information to a plurality of at least one of clients, vendors and partners.
3. The system of Claim 1, wherein the front-end subsystem comprises at least one of a set of executable instructions for quoting a plurality of terms of the contract, an enrollment process, a billing process and contract maintenance.
4. The system of Claim 1, wherein the back-end subsystem is in communication with a network and accesses the plurality of databases.
5. The system of Claim 1, wherein the back-end subsystem comprises a system application having a quoting subsystem, an enrollment subsystem, a billing subsystem, and a customer resource management subsystem, and communicates with the front-end subsystem which in turn communicates with the client and the

insurance vendor to communicate the creation, execution and management of the insurance contract.

6. The system of Claim 1, wherein the back-end subsystem further comprises at least one of an underwriting and eligibility subsystem, a reporting subsystem, an archiving subsystem, an electronic data interchange subsystem, a carrier management subsystem, a knowledge base subsystem, an event triggering subsystem, a document management subsystem and an auditing subsystem.
7. The system of Claim 1, wherein the front-end subsystem and back-end subsystem access information through a graphical user interface.
8. In a data processing system, a method of implementing insurance contracts between a client and an insurance provider comprising the steps of:
  - receiving a plurality of inputs for a quoting subsystem from the client;
  - processing the plurality of inputs and generating a quote in response to the plurality of inputs;
  - transmitting the quote to the client;
  - enrolling the client and executing the insurance contract in response to receiving an approval with respect to the quote;
  - processing claims in response to receiving a claim from the client;
  - generating invoices that correspond to the insurance contract using a billing subsystem; and
  - monitoring and managing the quoting subsystem process, a customer service process and the billing subsystem.
9. The method of Claim 8, further comprising creating and storing in a database a plurality of contract templates having terms and conditions of the contract.

10. The method of Claim 8, further comprising reviewing eligibility and underwriting requirements upon receiving the plurality of inputs from the client.
11. A computer program product for implementing an insurance contract between a client and a provider, the computer program product comprising:
- 5 a computer usable medium having computer readable code therein, including program code which:
- receives a plurality of inputs from at least one of the client and the provider;
- processes the plurality of inputs;
- 10 generates a quote for the insurance contract for the client;
- enrolls the client and executes the insurance contract;
- processes claims from the client;
- generates corresponding invoices; and
- tracks and manages the plurality of inputs.
- 15 12. The computer program product of Claim 11, further comprising a set of executable instructions which creates a contract form containing terms and conditions of the contract.
13. The computer program product of Claim 11, further comprising a set of executable instructions to track commission and premium payments.
- 20 14. In a computer network formed of a communication channel and a plurality of digital data processors coupled to the communication channel for communication thereon and a computer apparatus for implementing insurance contracts between a client and an insurance vendor, comprising:

a front-end data processor to communicate with at least one of the client, the insurance vendor and an insurance partner, the client, the insurance vendor and the insurance partner communicating through a digital data processor;

a database data processor to access a plurality of stored databases; and

5 a back-end data processor connected to a plurality of subsystems on a plurality of digital data processors to create a rate comparison quote, enroll the client, process and adjudicate claims, generate invoices and track client interactions.

- 10 15. The computer apparatus of Claim 14, wherein the front-end data processor communicates via a network and is further operative with a set of executable instructions to collect contract information from the client and the insurance vendor to subsequently deliver contract information to parties.
- 15 16. The computer apparatus of Claim 14, wherein the front-end data processor further comprises a set of executable instructions for collecting a plurality of client inputs, providing form maintenance, vendor negotiations and contract maintenance.
17. The computer apparatus of Claim 14, wherein the back-end data processor is connected to a network and accesses the databases.
- 20 18. The computer apparatus of Claim 14, wherein the back-end processor comprises a quoting subsystem, an enrollment subsystem, a billing subsystem and a contact resource management subsystem.
19. The computer apparatus of Claim 14, wherein the back-end processor comprises at least one of an underwriting and eligibility subsystem, a reporting subsystem, an archiving subsystem, an electronic data interchange subsystem, a carrier

management subsystem, a knowledge base subsystem, an event triggering subsystem, a document management subsystem and an auditing subsystem.

20. In a data processing system, a web-based method of implementing an insurance contract between a client and an insurance carrier comprising:
- 5                   creating a new contract form which includes at least one provision of the insurance contract;
- delivering the contract template to the client;
- the client selecting the provisions of the contract and providing the preferences;
- 10                  processing the preferences against eligibility and underwriting requirements;
- enrolling the client in response to the processing of preferences;
- processing any claims submitted by the client;
- generating invoices that correspond to the insurance contract; and
- 15                  monitoring any client contact and information communicated during the creating and implementing of the insurance contract.
21. The method of Claim 20, further comprising processing the insurance contract using an event triggering subsystem.
22. The method of Claim 20, wherein creating a new contract form comprises
- 20                  copying existing contract forms to create a new contract form.
23. The method of Claim 20, wherein creating a new contract form comprises reading in a contract form created in an external environment.

24. The method of Claim 22, wherein selecting the provisions of the contract comprises creating fields which indicate the selection of a particular insurance product.
25. The method of Claim 20, wherein selecting the provisions of the contract comprises copying existing preference fields from existing contract templates.
26. The method of Claim 20, wherein selecting the provisions of the contract comprises reading in preference fields created in an external environment.
27. The method of Claim 25, wherein the external environment comprises a vendor website, a third party website, a vendor database and a third party database.
28. The method of Claim 20, further comprising creating a plurality of versions of the same contract template with differing selections.
29. The method of Claim 20, wherein said contract template is in the form of a computer database record structure, wherein each field of the record structure denotes one of an input data term of the contract and a key that points to the data term.
30. The method of Claim 20, further comprising tracking premium and commission payments.
31. A computer-readable data transmission medium between a plurality of computers having a data structure comprising:  
a first subset of data for processing at a first computer, the first subset of data including terms and conditions for an insurance contract; and

a second subset of data for processing at a second computer, the second subset of data including a template having the terms and conditions of the contract, the terms and conditions being modifiable at the second computer to accommodate a user preference.

- 5     32.     A computer-readable data transmission medium between a plurality of computers having a data structure comprising:

          a first subset of data for processing at a first computer, the first subset of data including information regarding processing, monitoring and detection of a contract; and

- 10           a second subset of data for processing at a second computer, the second subset of data including notification information.

33.     An automated method for processing an insurance claim comprising:

          providing a front-end subsystem in communication with at least one of a client, an insurance vendor and an insurance partner, a database subsystem  
15           accessing a plurality of stored databases and a back-end subsystem in communication with a plurality of subsystems to source information, monitor the creation, and administration of an insurance contract;

          receiving a claim from a client using the front-end subsystem;

- validating the eligibility of the claim by accessing the information in the  
20           plurality of databases;

          adjudicating the claim; and

          sending authorization signals to a data processor in order to dispense the funds associated with the claim.